AMENDED IN ASSEMBLY AUGUST 24, 2006 AMENDED IN ASSEMBLY AUGUST 7, 2006 AMENDED IN SENATE MAY 26, 2006

SENATE BILL

No. 1596

Introduced by Senator Runner

February 24, 2006

An act to amend Section 123485 of, and to add Sections 123491, 123492, 123493, and 123516 to, the Health and Safety Code, relating to perinatal services, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

SB 1596, as amended, Runner. Nurse-Family Partnership program. Existing law provides for the implementation of a community-based system of perinatal care for eligible women and infants administered by the State Department of Health Services.

This bill would establish a voluntary nurse home visiting grant program, which would be administered and implemented by the department, for purposes of making grants to eligible participating counties for the provision of voluntary registered nurse home visiting services for expectant first-time low-income mothers, their children, and their families.

This bill would provide that the department shall only distribute these grants if the Director of Finance determines, in writing, that there are sufficient funds from private donations available in the California Families and Children Account, which the bill would create in the State Treasury and which the bill would continuously appropriate to the department, for expenditure for the purposes of the program. The bill would provide that if as of January 1, 2009, the

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Director of Finance determines there are insufficient funds on deposit in the account to implement the program, the account shall cease to exist.

Vote: majority. Appropriation: yes. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the 2 following:

- (a) The Nurse-Family Partnership program, which provides educational, health and other resources to new mothers during pregnancy and the first two years of their child's life, has been proven through randomized clinical trial scientific research to reduce significantly the amounts of drugs, including nicotine, and alcohol use and abuse by mothers, the occurrence of criminal and delinquent activity committed by mothers and their children, and the incidence of child abuse and neglect.
- (b) The Nurse-Family Partnership program has also been proven through this same research to reduce the number of subsequent births to participating mothers, increase the length of time between subsequent births, and reduce the mother's need for other forms of public assistance.
- (c) The Nurse-Family Partnership program has been proven to better prepare children to enter school.
- (d) The Nurse-Family Partnership program helps families become economically self-sufficient by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and locate and prepare for employment
- SEC. 2. Section 123485 of the Health and Safety Code is amended to read:
- 123485. The following definitions shall govern the construction of this article:
- (a) "Community-based comprehensive perinatal care" means a range of prenatal, delivery, postpartum, infant, and pediatric care services delivered in an urban community or neighborhood, rural area, city or county clinic, city or county health department, freestanding birth center, or other health care provider facility by health care practitioners trained in methods of preventing complications and problems during and after pregnancy, and in

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methods of educating pregnant women of these preventive measures, and who provide a continuous range of services. The health care practitioners shall, through a system of established linkages to other levels of care in the community, consult with, and, when appropriate, refer to, specialists.

- (b) "Low income" means all persons of childbearing age eligible for Medi-Cal benefits under Chapter 7 (commencing with Section 14000) and all persons eligible for public social services for which federal reimbursement is available, including potential recipients. "Potential recipients" shall include the pregnant woman and her infant in a family where current social, economic and health conditions of the family indicate that the family would likely become a recipient of financial assistance within the next five years.
- (c) "Prenatal care" means care received from conception until the completion of labor and delivery.
- (d) "Perinatal care" means care received from the time of conception through the first year after birth.
- (e) "Qualified organization" means any nonprofit, not-for-profit, or for-profit corporation with demonstrated expertise in implementing the Nurse-Family Partnership program or similar programs in different local settings.
- (f) "Qualified trainer" means anyone who has been certified by the Nurse-Family Partnership to provide training.
- (g) "Department" means the State Department of Health Services, unless otherwise designated.
- SEC. 3. Section 123491 is added to the Health and Safety Code, to read:
- 123491. (a) There is hereby established a voluntary nurse home visiting grant program for expectant first-time mothers, their children, and their families, to be administered by the department pursuant to Section 123492. The program may be cited as the Nurse-Family Partnership program.
- (b) The goals and objectives of the program shall be the same as, but shall not be limited to, those in the community-based comprehensive perinatal health care system as set forth in Section 123505.
- 38 (c) The department shall adopt regulations for the 39 implementation of this section in accordance with Section 40 123516.

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1 SEC. 4. Section 123492 is added to the Health and Safety 2 Code, to read:

123492. The department shall develop a grant application and award grants on a competitive basis to counties for the startup, continuation, and expansion of the program established pursuant to Section 123491. To be eligible to receive a grant for purposes of that section, a county shall agree to all of the following:

- (a) Serve through the program only pregnant, low-income women who have had no previous live births. Notwithstanding subdivision (b) of Section 123485, women who are juvenile offenders or who are clients of the juvenile system shall be deemed eligible for services under the program.
- (b) Enroll women in the program while they are still pregnant, before the 28th week of gestation, and preferably before the 16th week of gestation, and continue those women in the program through the first two years of the child's life.
- (c) Use as home visitors only registered nurses who have been licensed in the state.
- (d) Have nurse home visitors undergo training according to the program and follow the home visit guidelines developed by the Nurse-Family Partnership program.
- (e) Have nurse home visitors specially trained in prenatal care and early child development.
- (f) Have nurse home visitors follow a visit schedule keyed to the developmental stages of pregnancy and early childhood.
- (g) Ensure that, to the extent possible, services shall be rendered in a culturally and linguistically competent manner.
- (h) Limit a nurse home visitor's caseload to no more than 25 active families at any given time.
- (i) Provide for every eight nurse home visitors a full-time nurse supervisor who holds at least a bachelor's degree in nursing and has substantial experience in community health nursing.
- (j) Have nurse home visitors and nurse supervisors trained in effective home visitation techniques by qualified trainers.
- (k) Have nurse home visitors and nurse supervisors trained in the method of assessing early infant development and parent-child interaction in a manner consistent with the program.

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(1) Provide data on operations, results, and expenditures in the formats and with the frequencies specified by the department.

- (m) Collaborate with other home visiting and family support programs in the community to avoid duplication of services and complement and integrate with existing services to the extent practicable.
- (n) Demonstrate that adoption of the Nurse-Family Partnership program is supported by a local governmental or government-affiliated community planning board, decisionmaking board, or advisory body responsible for assuring the availability of effective, coordinated services for families and children in the community.
- (o) Provide cash or in-kind matching funds in the amount of 100 percent of the grant award.
- (p) Prohibit the use of moneys received for the program as a match for grants currently administered by the department.
- SEC. 5. Section 123493 is added to the Health and Safety Code, to read:
- 123493. (a) The department may accept voluntary contributions, in cash or in-kind, to pay for the costs in the implementation of the program under Section 123492. These private donations shall be deposited into the California Families and Children Account, which is hereby created in the State Treasury, in which, notwithstanding Section 13340 of the Government Code, is hereby continuously appropriated to the department for purposes of implementing Section 123492. No state funds shall be used in implementing Section 123492.
- (b) The department shall only distribute grants established under Section 123492 if the Director of Finance determines, in writing, that there are sufficient funds from private donations available in the account for expenditure for the purposes of the program.
- (c) The department's administration costs shall not exceed 3 5 percent of the moneys in the account created under subdivision (a). Any costs to the department incurred prior to the account receiving funds shall be reimbursed to the department from funds in the account.
- *(d) The department shall not apply for grants or solicit private* 39 *funds.*

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(e) If, as of January 1, 2009, the Director of Finance determines pursuant to subdivision (a) that there are insufficient funds on deposit in the account to implement the voluntary nurse home visiting grant program, the account shall cease to exist.

- SEC. 6. Section 123516 is added to the Health and Safety Code, to read:
- 123516. (a) The department, in consultation with the program administrators, may contract with one or more qualified organizations to assist the department in ensuring that grantees implement the program as established under Section 123491 and to conduct an annual evaluation of the implementation of the grant program on a statewide basis. The first evaluation shall be due 12 months after the award of grants pursuant to Section 123492.
- (b) (1) In conducting its monitoring and evaluation activities, the department shall be guided by program performance standards developed by the department in consultation with the Nurse-Family Partnership program.
- (2) The department shall submit the results of each annual evaluation to the Governor and the appropriate policy and fiscal committees of each house of the Legislature.
- (3) The annual evaluation shall contain, but not be limited to, the extent to which each grantee participating in the program has done each of the following:
 - (A) Recruited a population of low-income, first-time mothers.
- (B) Enrolled families early in pregnancy and followed them through the second birthday of the child.
- (C) Conducted visits that are of comparable frequency, duration, and content as those delivered in the randomized clinical trials of the program.
- (D) Assessed the health and well-being of the mothers and children enrolled in the program according to common indicators of maternal, child, and family health.
- 34 SEC. 7. If there are not sufficient funds on deposit in the 35 California Families and Children Account, established pursuant 36 to subdivision (a) of Section 123493 of the Health and Safety
- 37 Code by January 1, 2009, the account shall cease to exist.